SCANNED JUN 8 0 2821

			Mtt Commo		OMB No. 1545-1150
	مخم		Short Form	_~	2018
F¢	Yi	90-EZ	Return of Organization Exempt From Income Ta	日本 ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	7010
	, '		Under section 501(a), 527, or 4947(a)(1) of the Internal Revenue Code (except private to	Mudapous	Greate Public
			Under section 501(a), 527, or 4947(a)(1) of the Internal Revenue Code (except private to Do not enter social security numbers on this form as it may be made public Go to www.irs.pov/Form990EZ for instructions and the latest information	ic all	Inspection
D	-cartmerd	of the Treasury	DO NOT WITH SOCIAL SECURITY HUMBERS OF WHIT SHEET AND SHEET INFORMATION	~ 129,	Mehecuen
in .	erne! Row	muc Sorvice	2010 and coding	Decemb	er 31 , 20 18
A			er year, or tax year beginning January 1 , 2018, and ending	Emoloyer	Himilification number
	Check if a	-	Annatashin Calanan in the Bublic Internet		314500810 0906941
Ţ	Name of		Number and street for P.O. box, if mail is not delivered to street address: Room/suite	Telephone	
-	Impatret	gn m/term:nated	DU Lair St	Group Ex	506) 256-0077
ţ	Arminde		65	Number	
		on prinding	Mt Vernon XV 40456		If the organization is not
G	Accour Websit	nting Method:	Technology (February 1997)	guired to a	ttach Schedule B
j			ck only one) - 2 501(c)(3) 501(c)() ◀ finsert no.) 4947(a)(1) or 527 Fc	orm 990, 9	90-EZ, or 990-PF).
K	Form o	organization	Corporation Trust Association Other		
L	Add line	es 5b, bc, and	/b to line 9 to determine gross receipts. If gross receipts are \$200,900 or more, or if total as 500,000 or more, file Form 990 instead of Form 990-EZ.	3380	•
		Covers	e, Expenses, and Changes in Net Assets or Fund Balances (see the in	struction	is for Part I)
-	Part I	Chack if	the organization used Schedule O to respond to any question in this Part I.		
-	11	Contribution	ns, gitts, grants, and similar amounts received	. 1	30,382
1	2		ervice revenue including government fees and contracts	. 2	
12	3		ip dues and assessments . ,	3	
	4 5a	Investment	unt from sale of assets other than inventory	•	
1 2	b		or other basis and sales expenses		
	C	Gain or (los	is) from sale of assets other than inventory (Subtract line 5b from line ba)	. 5c	
	6		d fundraising events.		RECEIV
	, a	Gross Inc. \$15,000)	ome from garning (attach Schedule G if greater than		III C
	<u> </u>		me from fundraising events (not including \$ of contributions		SEP 03
į		from fundr	aising events reported on line 1) (attach Schedule G if the		SEP 09 19
_			h gross income and contributions exceeds \$15,000) 6b		
		Less: drec	t expenses from gaming and fundraising events		OGDEN, UTAH
	d	Ine 6c)	or (loss) from gaming and fundraising events ladd lines the and bb and subtr	eaca Gul	
	78		s of inventory, less returns and allowances	1,744	
	Ь			5,973	
	C		t or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	-14,229
	8		nue (describe in Schedule O)	. 8	
	9		similar amounts paid (fist in Schedule O)	10	18,153
	10		id to or for members	. 11	-
4	1		have an expension and amplayed bandita	. 12	
Expenses	13	Professiona	il fees and other payments to independent contractors o g pnig .)	. 13	7,480
9	14		rent, utilities, and maintenance	14	9,267
ū	1		blications, postage, and snipping	15	3,415
	16		nses (describe in Schedule O)	16 17	
_	17	Excess or in	deficit) for the year (Subtract line 17 from line 9)	18	48,034
Net Assets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)). (must agree v		-11,392
83			figure reported on prior year's return)	. 19	100,019
Ĭ	20	Other chang	ges in net assets or fund balances (explain in Schedule O)	. 20	
	121	Net assets	or fund balances at end of year. Combine lines 18 through 20	> 21	<u> </u>
Fo	Paperv	vork Reduction	on Act Notice, see the separate instructions. Cat. No. 198421		Form 990-EZ (2016)
			் நாதர	udi Ma _{ri}	onue Sopiac
			Kece	Med fill	Gank USB
				BC	77

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- Ogden, UT-

Check if the organization used Schedule	O to respond to a	ny question in this I	Part IV .	
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Hearth benefits, contributions to employee bonefit plans, and defetted companisation	(e) Estimated amount of other compensation
Shane Barton, President				-
50 Lair Street, Mount Vernon, KY 40456	11			
Tim Reedy, Secretary 50 Lair Street, Mount Vernon, KY 40456				
Joshua Bills	<u> </u>			
50 Lair Street, Mount Vernon, KY 40456	1		·	
Joey Kessler				·
50 Lair Street, Mount Vernon, KY 40456	1			
Suzanne Van Etten 50 Lair Street, Mount Vernon, KY 40456	20	6,800		
				11
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irt \	Other L			ige S
	- The intermation (Note the Schedule A and personal benefit contract statement requirements	in the	e	<u>~</u>
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		Yes	یں No
3	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	r +	162	NO
	detailed description of each activity in Schedule O	33	Ī	✓
l .	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1 1		_
e	change on Schedule O. See instructions	34		. ≰
5 8	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	!		,
h	If Yes' to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a		. 🗸
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.	35b		Y
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	1	1
I G	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			, ,
	during the year? If "Yes," complete applicable parts of Schedule N	36		✓
l/a	Enter amount of political expenditures, direct or indirect, as described in the instructions > [37a]			, and
b	Uid the organization file Form 1120-POL for this year?	37b		
l8a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		-
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	308		y
19	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9			
b				
IOa				
	section 4911 ► section 4912 ► section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year.		,	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I	40b		١.,
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100	.i	
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
C				
	40c reimbursed by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shetter.			
•	transaction? If "Yes," complete Form 8886-T	40e	, ——	7
41	List the states with which a copy of this return is flied >	[4Å	. 1	J Y
428				
	Located at ► ZIP + 4 ►	****		
į	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	N
	a financial account in a foreign country (such as a bank account securities account, or other financial account)?	42b		1.
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	3		
	Financial Accounts (FBAR).	'		
	At any time during the calendar year, did the organization maintain an office outside the United States?	420	C.	T.
	If "Yes," enter the name of the foreign country ▶	f:,;		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here .	-		\blacktriangleright
	and enter the amount of tax-exempt interest received or accrued during the tax year	1.		
		_	Ye	s l
44	a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must b completed instead of Form 990-EZ			-
	District the second of the second sec	44	a	
	b Did the organization operate one or more hospital facilities during the year? If it res, from 990 must be completed instead of Form 990-EZ	44	ь	T
	c Did the organization receive any payments for indoor tanning services during the year?	44		
	d if "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No." provide a	L		
	explanation in Schedule O	44		I
45	a Dio the organization have a controlled entity within the meaning of section 512(b)(13)?	45	a	\Box
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead		the l	-
	Form 990-EZ See instructions	145		سلب

Form 9	90-EZ (2018)					ş	Page 4
46	Did the organization engage, directly or it	ndirectly, in political	campaign activities on	behalf of or in oppos	tion	Yes	~~~
Part	VI Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51	s Only	,	52, and complete th	46 in tables for	or line	9S
	Check if the organization used Sc	hedule O to respone	d to any question in t	his Part VI			
47	Did the organization engage in liabbying year? If "Yes," complete Schedule C, Par	activities or have a	section 501(h) electio	n in effect during the	tax 47	Yes	No.
48 · 49a b 50	is the organization a school as described in Did the organization make any transfers to if "Yes," was the related organization a si Complete this table for the organization's	n section 170(h)(1)(A)(o an exempt non-cha ection 527 organizatii i five highest compen	antable related organiz on? isated employees (oth	ation? er than officers, direct	48 49a 49b ors, trustee		√ √ √ d key
•	employees) who each received more than (a) Name and title of rach employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1009 MISC)	(d) Health benefits contributions to employee benefit plans, and geterred compensation	(e) Estimated other, comp	amou	
qone		,		51			
	/ determine the second to the						
****	· · · · · · · · · · · · · · · · · · ·						
*****	the term of the te					·····	
****	***************************************						
51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	s five highest comp	ensated independent one, enter "None "	contractors who each	received i	MOI H	than
	(a) Name and business address of each independ	ent contructor	(b) Type of serv	ca (c) Compensatio	n	
none		*******				_	
		A47574 V - 110844 44 PV 1					·
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	,	,	•	***************************************	,	
	7					····	
	Total number of other independent contra		•	-		·····	
52	Did the organization complete Schedu completed Schedule A			<u> </u>	► Y Yes		
Under p trus, cor	ensities of penjury. I declare that I have examined this rect, and complete Declaration of preparer (otherwise	etum, including accompanionism, including accompanion and including a passed on all info	lying schadules and stateme ordiation of which preparer	nts, and to the best of my k	TOWINGE and	behel,	1 G
Sign Here	Signature of officer Type or onnt name and title	4 PRISITS	bent of the	BURLDY	- / /	/	
	Print/Typo preparer's name	Preparer's signature	De	te I -	T PTIN		

Print/Typo preparer's name

May the IRS discuss this return with the preparer shown above? See instructions

Paid Preparer

Use Only

Yes No

Firm's EIN >

Phone no

SCHEDULE A (Form 990 or 990-E2)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(CI) organization or a section 4047(a)(1) nonexempt charitable trust.

> Attach to Form 990 or Form 990-EZ.

► Go to www.lrs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

Ucpariment of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

_								100 >> 1
	schla-S	cience in the Public Interest Reason for Public Cha	rihi Status (Al	organizations mus	t comple	ete this p	part.) See instruction	ons.
Par		tion is not a private found.	ation because if	is (For lines 1 through	12, che	ck only o	ne bux.)	^
	ядальга С	non is not a private loonor within, convention of churc	andi occossi.	on of churches desci	ibed in s	ection 17	ro(b)(1)(A)(i). 🧗 🥍	' \
1		thool described in section	170/6/11/A166	(Attach Schedule E (orm 000	or 990-P	7)) \bar{\chi}	<i>}</i>
2				へっちょうかいり べんぐんじりんりょ	n sectio	nifubi	110000000	'
3	U A no	edical research organizati edical research organizati	pa vaessted in c	operaction with a hos	outal class	inbed in	section 170(b)(1)(A)	(iii). Enter the
4		misi'a anma mki and etal	_					
5	☐ An	organization operated for	the benefit of a	college or university	owned o	or operate	ed by a governmen	tal unit described in
	580	tion 170(b)(1)(A)(iv). (Com	ipiete Part II)			on 170/h	1414A164	
6 7	An a	deral, state, or local gover organization that normally cribed in section 170(b)(1	receives a subs	stantial part of its sup	port from	a gover	nmental unit or fron	n the general public
8		mmunity trust described			Part III)			
9	□ An a	agricultural research organ niversity or a non-land-gra ersity	ization describe int college of agi	d in section 170(b)(1) nculture (see instruction	(A)(ix) op ons) Ente	er toe nar	ne, chy, and state of	the conede or
10	rece sup	organization that normally hots from activities related port from gross investmen uired by the organization a	to its exempt full income and unlifter June 30, 19	inctions—subject to c irelated business taxa 75 See section 509(a	enain exi ble incon i)(2). (Coi	ceptions, re (less s mplete Pi	ection 511 tax) from art III)	けっこうりゅう いんさ
11	☐ An c	organization organized and	operated exclu	sively to test for public	c safety	See sect	ion 509(a)(4).	
12	☐ An e	organization organized and	operated exclus	sively for the benefit o	f, to perfe	orm the h	inctions of, or to car	ry out the purposes
	of a Che	ne or more publicly supplick the box in lines 12a thro	orted organizatio ough 12d that de	ons described in sect scribes the type of suj	ion 509(a oparting (i)(1) or si organizati	ection 509(a)(2). Sei on and complete line	s section 509(a)(3). is 12e, 12f, and 12g.
3		Type I. A supporting organ he supported organization supporting organization. Y	n(s) the power to	regularly appoint or o	feet a ma	ajority of t	rted organization(s), the directors or trust	typically by giving ees of the
ь		Type II. A supporting orga					supported organizati	on(s), by having
J		control or management of organization(s) You must	the supporting o	organization vested in	the same	persons	that control or man	age the supported
¢		Type III functionally integ is supported organization	i <mark>rated. A</mark> simpoir (s) (see instructio	ting organization oper	rated in d lete Part	onnection	n with, and functions ions A, D, and E.	ally integrated with,
đ	ŧ	Type III non-functionally interests not functionally interests not functionally interests rectionally interests.	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	
•		Check this box if the organium tunitarially integrated, or						II, Type III
f	Enter	the number of supported (organizations				•	
8	Provid	le the following information	n about the supp	ported organization(s).				h., , /
	(i) Name	of supported organization	(M) EIN	(iii) Type of organization (described on tines 1–10 above (see instructions))	inted in you	organization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see "Structions)
	·				Yes	No		
(A)		·						
(B)								
(C)							and the second second second	
(D)							and the second	
(E)	·						THE PERSON NAMED IN	om madeline e harve papere
				<u> </u>	L	1.	1	

Children Care	A ment action to to oldunist	tions Decerl	bod in Soction	ono 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(v) . I for a market
	Complete only if you checked th	onli no xod c	5. 7. or 8 of 1	Part I or If the	organization	lailed to qui	ality under
Source	Part M. If the organization falls to	drain auge	r the tests list	ed bolow, pl	ease comple	te Part III.)	
-	Transfer for the part to ming in >			, , , , , , , , , , , , , , , , , , , 			(5 5 A A A
•	7	(0) 2014	(b) 2015	(c) 2016	60 2017	(c) 2018	(9 Total
, ,	of the property and the second (Do not		}	}	1		
	The state of the s		}	. 1	ч		•
	Talan of physics of the arms of the arms.	128003	78375	45034.78	67448.31	30202.07	340035.13
2	The re-main locate for the		1			- ,	
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3	The interior crops on facilities						1
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	egratas hautchage						
4	Total Add it il timough 3	125003	73375	49034.75	67440,31	30302.07	346305.13
	The partial of total contributions by						
-	an property than a					į.	
	eacting the unit of publicly				1	1	•
	reprise the section of the property		!	•	•		
	in that sound 2 of the amount		ļ				
	that a grant 11, column (f)	1	1		i]	
Č	Public to ppert. Subtr. ct., An S from line 4		f				201111-
	on B. Tour Support		}				3116665-1
	for year for facal year beginning in)	(0) 2014	01 2015	(6) 2016	(40 2017	Int miss	M Tabel
		(a) 2014	(6) 2015	(c) 2016	(d) 2017	(0) 2018	(f) Total
7	Areauth-transfer 4	_152co3	73376	40864.75	67640.31	303(12.07	3400035.13
8	Cro , nuone from interest, dividenda,		}				
	plan military and an interferiors.		Į I				
	rom ropus , and income from						
	the transfer of the second		10	4,05	3.65	3.12	44.41
9	He to negation from unitalities buring to	İ					
	- 如河西、Whither or not the becomera-						
	ngut dye med on						
10	Other macross. Do not include quite or						
	to , from the cale of capital accepts	ĺ			,		
	(Expl. is in Port VI.)	[<u> </u>				
11	Total support. Add lines, 7 through 10						340700,54
12	Cro . rec. ptr. from related activities, etc.	. (coe instruct)	iona)			12	
13	First five years, if the Form 980 to for it					oar as a section	on 501(c)(3)
	orginatition, chr.ck thir, box and stop he		<u></u>				``▶ □
Cardi	on C. Computation of Public Suppo		10	· · · · · · · · · · · · · · · · · · ·			
	Public support percentings for 2018 (line	6. column (6 d	lluided by linn	1 column (f)		14	£2 %
14	Public Support purcentage from 2017 Sc	bodulo A. Port	II. line 14			18	55 %
15	331ath cupport toct-2018. If the organ	ization did no	t chack the ho		nd line 14 is 3		check this
16 5	box and ctop here. The organization qu	rilling an a out	diale supporter	a jar tim na n naliatinnon l		0 1370 01 11010	מאוז אטמוט ; רדו אל
	3318% cupport tect - 2017. If the organ	nod in the delical	t ahaak a bee	on line 12 or 16	Ro and line 15	in 221-84 as a	none charle
ь	3316% cupport tect - 2017, il thu organ	izbion dia no	CHECK & DOX (n voca palitic	ua, arei irio 15 ilee	IN 33.65 OF L	HOTH, CRECK
	this box and stop here. The organization						
170	10%-fecto-end-circumstances test-2	1018. If the org	janization did i	not check a bo	x on line 13,	160, or 16b, ar	id line 14 k
	10% or more, and if the organization m	eets the fact	s-and-circums	toncos" test, c	nect this box	and ctop here	s. Explain in
	Part VI how the organization mosts the	*facta-end-cin	enwatauees, t	oci. The organ	tration qualific		
	organization				•		🖎 📋
	10%-focto-end-circumstances test-2	2017. If the or	bib noltazinag	not check a b	ox on line 13,	16a, 16b, or 1	7a, and knu
U	15 is 1096 or more and if the organiz	ation mosts t	he "facts-and-	circumstance.	ı" test, check	this box and	stop here.
	Explain in Part VI how the organization	mects the "la	cts-and-circum	rstances" test.	. The organiza	tion qualifics a	as a publicity
	supported organization						`. ≯ m
	Private foundation. If the organization of	lid out check :	a box on line 1	3, 16a, 18b 17	a or 17h cho	ck this bus m	d.av
18	Privato foundation, ii (ne) organization C	HE THE STREET L				with the VVA of	· • • []
	instructions		<u> </u>				
					7	erested A (Fermi)	والاستطاعة أأواني

Part I	- Chear achieves for Clavillan	lons Descri	had in Sacti	nn 500(a)(2)	, , , , , , , , , , , , , , , , , , , 	······································	
	Complete only if you checked the	s box on line	10 of Part La	or if the organ	nization falled	to qualify up	der Part II.
Casti-	if the organization falls to qualify.	under the tes	sts listed belo	w, please co	mplete Part I	1.)	
Calan	M. Public Support						
Valent 1	inr year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
•	Gits, grants, contributions, and membership fees					· /	
2	received. (Do not include any "unusual grants,") Gross receipts from admissions, merchandise						
	\$010 Of Services performed or facilities					·'	
	(Unitshed in any activity that is related to the					ſ	
3	organization's tax-exempt purpose Gross receipts from activities that are not an	_,					
•	unrelated trade or business under section 513				/		
	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf				:		
5	The value of services - facilities	·	<u> </u>		·		
	furnished by a governmental unit to the		ł				
	organization without charge		1		,		
6	Total. Add lines 1 through 5						
76	Amounts included on lines 1, 2, and 3		1	1			
	received from disqualified persons .				1		
b	Amounts included on lines 2 and 3		}		1	1	
	received from other than disqualified						1
	persons that exceed the greater of \$5,000		ļ	1	[}	(
	or 1% of the amount on line 13 for the year			<u> </u>	ļ		
_	Add lines 7a and 7b		 	 	 		
8	Public support. (Subtract line 7c from		\		1	1	}
822	line 6.)	L	<u> </u>	 	<u> </u>		<u>.</u> .,,.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		1-1-1-3-3-4	13/		1-1-1-1	1,1,1,1
10a	Gross income from interest, dividends,	,	/				
	payments received on securities loans, rents,	·			Ì		}
	royalties, and income from similar sources.				1		1
b	Unrelated business taxable income fless						
	section 511 taxes) from businesses	/	1	1	}		
	acquired after June 30, 1975	<u> </u>					
c		<u>/</u>	-			<u> </u>	
11	Net income from unrelated business	,	1		J	1	
	activities not included in line 10b, whether or not the business is regularly carried on	İ				1	1
	· · · · · · · · · · · · · · · · · · ·				-	 	
12	Other income. Do not include gain or toss from the sale of capital assets	1	1	1]	
	(Explain in Part VI.) /					l	
13	Total support. (Add lines 8, 10c, 11,	 		-	1		+
10	and 12.)	1	1	1	Ţ	ł	
14	First five years, if the Form 990 is for I	ne organizati	on's first, seco	and, third, four	th, or fifth tax	year as a sec	tion 501(c)(3)
	organization, check this box and stop he	ero	· · · ·		<u></u>		🕨 🗆
Sect	ion C. Computation of Public Suppo	rt Percenta	ជិទ				
15	Public support percentage for 2018 (line	: 8, column (f),	, divided by lin	e 13, column (ŋ)	. 15	%
16	Public support percentage from 2017 St	chedule A, Pa	rt III, line 15	<u> </u>	 	. 18	96
Sec	tion D. Computation of investment I	ncome Perc	entage			- 4	
17	lovestment income percentage for 2018	(line 10c, col	umn (f), divide	d by line 13, co	olumn (1))	17	*
18	Investment income percentage from 201	17 Schedule A	I, Part III, line	11		. 18	**
19a	331/3% support tests—2018. If the orga	nization did n	OT CHECK THE !	ox on line 14,	el CI Shi Dres.	more than 33	ONE DAS ATEN
	17 is not more than 33 a%, check this box	K RUG Stob Me	re- rue (A.Berus Perente e per	onun quaenes i	es a publicly 50	HACTIOU OTGANI	zation . ► []
t	331/3% support tests -2017. If the organ	ezegion dia no	E GOOGE & DOX !	on une 14 OF III Ionizates series	re 182, and line	o is more the	IT 551'0'70, 8FIG CONTRACTOR 🏲 🦳
	line 18 is not more than 831/2%, check this	NOT BUG END	uniono. Inte org	da ada - ada	nga as a puonci	y supported or	ganization >
20	Private foundation. If the organization	ara not cueck	M DOX ON HINE	14, 198, 07 19	u, check this D	UX BITO SEE IN	Tructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

64	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and Complete T		·/	
Secti	on A. All Supporting Organizations		Yes	No
, , 1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated if designated by class or purpose, describe the designation, if historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		Z
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?-If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
.	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(8) ourposes.	4c		
5a	nower (b) and (c) helow (if applicable). Also, provide detail in Part VI, including (i) the names and circ numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing sych action; and (iv) now the action the authority under the organization to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	50		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yos," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4908) not described in line 77 to the organization make a loan to a disqualified person (as defined in section 4908) not described in line 77 to the organization make a loan to a disqualified person (as defined in section 4908) not described in line 77 to the organization make a loan to a disqualified person (as defined in section 4908) not described in line 77 to the organization make a loan to a disqualified person (as defined in section 4908) not described in line 77 to the organization make a loan to a disqualified person (as defined in section 4908) not described in line 77 to the organization make a loan to a disqualified person (as defined in section 4908) not described in line 77 to the organization make a loan to a disqualified person (as defined in section 4908) not described in line 77 to the organization make a loan to a disqualified person (as defined in section 4908) not described in line 77 to the organization make a loan to the organization ma	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described to section 509(a)(1) or (2))? If "Yes." provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entry in which the europorting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C), Form 4720, to	10		